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REQUEST **FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL**

To Commissioner For Patents
Please enter the following submission and withdraw the finality of the proceeding office action or withdraw any pending appeal and reopen prosecution before the Examiner.

| | APRIL |
|------------------------|----------------|
| Application Number | 09/850,349 |
| Filing Date | May 8, 2001 |
| First Named Inventor | BRASPENNING |
| Group Art Unit | 2621 |
| Examinar Name | Snefalid Patel |
| Attorney Docket Number | NL000276 |

This is an RCE under 37 C.F.R. § 1.114 of the above-identified application (which is made prior to: payment of issue fee, abundanment notice of appeal to the CAPC; or communicament of civil action under 35 U.S.C. 145 or 146.)

| | | r 37 C.F.R. § 1.11 | _ | | | |
|---|---|--|---------------------------------------|--|---|---|
| | viously submitted | | | 1 440 manufactusk (61 m d | BA | amh 22 200E |
| i. 🗓 | Consider the am (Any ununlared amon | nendment(s)/reply und ndment(s) referred to above | er 37 C.F.R. § 1 will be entered). | i.11 previously illed | on_ <u>ivi</u> | <u> </u> |
| ii. 🔲 | Consider the argi | uments in the Appeal | Brief or Reply B | rief previousty field o | ባ | |
| iti. 🗀 | Other | | | | | |
| b. 🔲 Ende | osed | | | | | |
| i. 🔲 | Amendment/Rep | ply | | | | |
| i. 🗀 | Affidavit(a)Decla | • | | | | |
| i i. 🗀 | | losure Statement (IDS | | f | | |
| iv. 🗆 | Other | | | (may not be | e oner) | |
| 2. Miscellaneo | ous | | | | | |
| a. 🔲 Susi | pension of action (| on the above-identifie | d application is r | requested under 37 (|).F.R. § | 1.103(c) for a perio |
| | | months. (a | fay not exceed 3 mo | inths: Fee required per 37 | C.F.R. § 1 | .1170) |
| b. Othe | · | | | · | | |
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| 3. Fees | . Oiosianas f | For Patents is hereby | a shortred to ch | anne ell required fee: | s except | the issue fee or cr |
| a.XIII | e Commissioner i | Deposit Account No. | 44 4970 | | | |
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| any | | MATURE OF APPLICA | | OR AGENT REQUIRE | Ð | |
| any | | NATURE OF APPLICA | NT, ATTORNEY, | OR AGENT REQUIRE | - | 40,007 |
| any Name (Print Type) | SIG | NATURE OF APPLICA | NT, ATTORNEY, | Registration No. (Attorneys) | - | 40,007 |
| any | SIG | NATURE OF APPLICA | NT, ATTORNEY, | Pegistration No. (Attorneys) | - | 40,007 |
| Any Name (Print Type) Signature | Russell Gros | S A MELLON | NT, ATTORNEY, | Date 4/8/ | nganu OS_ | |
| Any Name (Print Type) Signature I heseby certify that this is | Russell Gros | CERTIFICATE OF APPLICA | PEATLENG OF TO | Pagistration Np. (Attorneys) Date US (PANSMISSTON It disce that in an emetope | Agent) OS addressed | to: Commissioner For Pat |
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